Name of Organization:	Date:	
Project Title:	•	

## **ACTUAL PROJECT BUDGET**

Outline below the actual budget for the project funded by this grant. Itemize expenses in each category. Refer to the Glossary for explanation of terms. Please round numbers to the nearest dollar.

EXPENSES		CASH INCOME (Revenue + Support)		
Expenses (cash only)		Revenue (earned income - cash only)		
1. Personnel/Staff a) Administrative # of staff b) Artistic # of staff c) Technical/Prod # of staff	\$\$ \$\$ \$\$	9. Admissions (itemize-refer to Glossary)	\$	
2. Outside Fees & Services ( <i>itemize</i> costs) a)Guest Artists:	\$	10. Contracted Services (identify)	\$	
	·	11. Other Revenue (itemize)	\$	
b)Consultants/Other Experts	\$	Support (contributed income) 12. Corporate Contributions	\$	
3. Production Expenses (itemize)	\$	13. Foundation Grants (identify)	\$	
4. Space Rental	\$	<ul><li>14. Other Private Contributions</li><li>15. Government Support (<i>identify sources</i>) <ul><li>a) Federal</li></ul></li></ul>	\$ \$	
5. Travel (itemize costs)	\$	b) Regional c) State d) County e) City	\$ \$ \$	
6. Marketing/Promotion	\$	(do not include this grant)  Total Government Support	\$\$	
7. Remaining Operating Expenses (itemize costs)	\$	<ul><li>16. Applicant Cash</li><li>17. Cash Income Without Grant</li></ul>	\$	
		(Total items 9 thru 16)  18. Actual Grant Amount	\$ \$	
8. Total Cash Expenses (Total Items 1 thru 7)	\$	<ul><li>19. Total Cash Income (Total Items 17 and 18)</li><li>20. Surplus/Deficit</li></ul>	\$	
		(Subtract Item 8 from Item 19)		

Note: All financial records must be maintained for three (3) years following the completion of the grant period.